

GUIDELINES FOR ADMINISTERING MEDICATION

Five “Rights” of Medication Administration:

1. Right Student-Properly identify student. (Hint: Rather than asking student “Are you Jane Doe?” before administering the medication, ask the student instead to state their name)
2. Right Time-Administer medication at the prescribed time. This can usually be within 30 minutes on either side of the designated time unless otherwise specified by the provider or the pharmacist
3. Right Medication-Administer the correct medication. Check 3 times - see procedure for medication administration below
4. **Right Dose-Administer the right amount of medication**
5. **Right Route-Use the prescribed method of medication administration⁽⁵⁾**

Follow School District Policy for Administering Medications to Students. This procedure should be preformed with as little interruption as possible to avoid errors:

1. Wash hands. Administration of medication is a clean (not sterile) procedure.
2. Verify authorization. Check the label. Seek help for questions and dose.
3. Gather necessary items.
4. Prepare and give medications in a well-lit area.
5. Check the label for name, time, medication, dose, and route when picking up the medication bottle.
6. Prepare the correct dosage of medication without touching medication if possible.
7. Check the label for name, time, medication, dose, and route while preparing the correct dose.
8. Check the label for name, time, medication, dose, and route before returning the container to the locked cabinet.
9. Do not leave medication unattended or within reach of the student.
10. Identify the student. Ask the student to say his/her name. Nonverbal students may need third party assistance with identification.
11. If the student questions the right medication, stop, and verify the medication against records or with parents.
12. Ask and observe the student for any unusual behaviors or conditions prior to medication administration. If any noted, do not give the medication. Report the behavior immediately to supervisor or school nurse and record.
13. Explain procedure to student.
14. Position the student properly for medication administration.
15. Provide equipment and supplies as needed.
16. Administer the correct dose of medication to the correct student, at the correct time, by the correct route.
17. Observe student placing medication in his/her mouth, when applicable.
18. Record as soon as possible name, time, medication, dose, route, person administering the medication, and any unusual observations.
19. Clean, return, and/or dispose of equipment as necessary.
20. Wash hands.⁽⁶⁾

The following information on medication administration is used with permission from the Texas Public Health Department, The Texas School Health Guidelines:

Procedures for Administering Oral Medications

1. Oral bottled medication:
2. Remove bottle cap and hold the cap in one hand and the bottle in the other hand.
3. Pour the prescribed dose into the cap. Do not touch the pill/tablet/capsule.

4. Transfer medication from cap to a clean medicine cup and give to student.
5. Give with a full glass of water unless otherwise indicated. Follow special label instructions (e.g. take with milk).
6. Recap bottle and return it to locked cabinet.
7. If a student is to receive part (i.e., ½) of a pill as a regular dose, be sure parent or pharmacist cuts the pills if a school nurse is not available to do so.

Oral individually wrapped medications (“blister packs”):

1. Remove or tear off number needed and place package in a medicine cup.
2. Remove and transfer to cup when student takes medication.
3. Follow above steps for oral bottled medication.

Oral Liquid or powders:

1. Shake medication per label instructions.
2. Pour liquid from side of bottle opposite the label (hold label in palm of hand) into graduated medicine cup to avoid dripping medicine on label.
3. Pour medication at eye level and directly in front of eyes in order to get the correct dose.
4. Measure the dosage at the bottom of the disc (meniscus).
5. Wipe off any medication on the outside of the container.
6. Be certain that medication does not cling to cup or spoon to ensure that student received proper dosage.
7. Use calibrated medicine dropper or syringe to measure small amounts of liquid.
8. Hold medicine dropper at right angle to cup to measure drops.
9. With dropper or syringe, squirt medicine to back and sides of the student’s mouth in small amounts. Do so slowly, allowing the student to swallow.
10. With nipple: pour medicine into the nipple after it has been measured. Allow the student to suck the medication from the nipple. Follow with a teaspoon of water from the nipple.
11. Pour liquid medications into separate containers unless otherwise ordered.
12. Give cough syrup undiluted and do not follow with water.

Problems with oral medication administration:

1. Refusal of medication:
 - a. Record on medication sheet.
 - b. Report to school nurse, parent, and/or principal.
2. Vomiting after medication administration:
 - a. Record medication and dosage administration time, time of vomiting, and whether or not medication was present in the vomit.
 - b. Report to school nurse, parent, and/or principal.
3. Suggestions for students with difficulty swallowing
 - a. Position student in an upright position. (Hint: flexing the student’s neck, rounding the shoulders, and positioning the student in a slightly forward or flexed position may achieve relaxed)
 - b. Give one medication at a time with adequate fluids.
 - c. Place medication on back of tongue.
 - d. Give medication slowly.
 - e. Watch for choking. Placing the student in a relaxed position will lessen the chance of this.
 - f. Verify that the student swallowed the medication
 - g. Give medication with other food or crushed if directed by provider or pharmacist.

Procedures for administering skin (topical) medications:

1. Gather necessary equipment, such as tongue blade, gauze, tape, cleansing material, cotton-tipped applicator, or gloves.
2. Note condition of affected area. If unusual, report before applying medication.
3. Cleanse skin gently with soap and water, removing previously applied medication in a thin layer or as ordered.
4. Record any changes seen in skin area treated. Notify school nurse, parent, and/or principal of any change.
5. Cover with gauze or other skin protector as ordered on label of medication.

Procedures for administering eye drops and ointment:

Use only preparations labeled for ophthalmic use.

1. Gather necessary equipment: cotton gauze, tissue, and gloves.
2. Observe affected eye for any unusual condition and report before administering medication.
3. If needed, cleanse eye with gauzy square of cotton, wiping once from inside to outside. Use clean cotton ball for each eye.
4. Position student with head tilted back and eyes looking up, lying down if possible.
5. Open eye to expose conjunctival sac (lower inside lid).
6. Approach eye from outside the field of vision. Avoid touching the dropper tip to anything, including eye, to reduce contamination of the medication.
7. Hold the dropper approximately one inch from the eye. Drop the medication gently into the corner of the eye, not on the eyeball. Wait 1-5 minutes between instillations if more than one drop is ordered.
8. Gently close eye. Ask student to keep eye closed for a few minutes.
9. Blot excess medication with a clean cotton ball or tissue.
10. For ointment: pull lower lid down, apply ointment along edge of lower eyelid from the nose side of the eyelid to the opposite side. Avoid touching tip of medication container to the eye to avoid contamination of the medication.

Procedures for administering eardrops:

1. Gather necessary equipment: cotton balls, tissue, and gloves.
2. Position student:
3. If lying flat on a cot, turn face to opposite side
4. If sitting, tilt head sideways until ear is horizontal
5. Cleanse entry to ear canal with clean cotton ball as needed.
6. Observe affected area for any unusual condition. Report to nurse, parent and/or principal.
7. Straighten the ear canal: pull outer ear gently down and back (ages 3 and under) or up and back (children over 3).
8. Drop the medication inside the ear canal. Avoid the dropper touching anything, including the ear, to reduce risk of contamination of the medication.
9. Instruct the student to maintain the required position for at least one minute.
10. Gently rub the skin in front of the ear to assist the medication to flow to the inside of the ear.
11. If the other ear is to be treated, repeat the procedure after 1 minute.
12. Loosely place a cotton ball in the ear as ordered.

Procedures for administering rectal medications (suppositories):

1. Place student in side-lying or prone position (on stomach).
2. Lubricate suppository with water-soluble gel (i.e., K-Y-Jelly).
3. Using a finger cot or glove, gently insert the suppository into the rectum.
4. Do not insert finger more than ½ inch.
5. Hold buttocks together for 5-10 minutes. This will help to prevent quick expulsion of the medication, enhancing absorption.
6. Maintain privacy at all times for these students especially!

Procedures for administering enzyme replacement therapy:

(Used with student with cystic fibrosis to provide pancreatic enzymes).

1. Enzymes should be given prior to a meal or snack.
2. Microspheres or microtablets should not be crushed or chewed.
3. For infants and small children, the capsules should be broken open and mixed with a lower pH food, such as applesauce, (these enzymes should dissolve in the higher pH environment of the intestines, they are coated with an enteric coating that prevents the enzyme from being dissolved until it reaches the intestine. Crushing or chewing may disrupt the coating, risking improper absorption).

Procedures for administering aerosol/nebulizer therapy:

1. Gather equipment and place on clean surface.
2. Wash your hands.
3. Connect the small tubing to the air outlet and to the nebulizer cup.
4. Put the medications in the medication cup. (Include dosages)
5. Replace top on cup and connect the mask or mouthpiece.
6. Position child in a sitting position.
7. Turn machine on.
8. Have child take slow breaths.
9. Observe for side effects.
10. Stop the treatment when mist is no longer seen.
11. Encourage child to cough.
12. Take equipment apart.
13. Clean cups, tops, masks, mouthpieces, syringes, and medication cup with warm, soapy water.
14. Do not wash tubing. Wipe off outside with alcohol.
15. Rinse each piece in running tap water.
16. Allow to air dry completely.
17. Put equipment pieces together and place in plastic bag. ⁽⁴⁾

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Procedures for Use of a Metered Dose Inhaler (MDI) with a Spacer:

(Areochamber, Optichamber)

1. Remove the caps from both the inhaler and spacer. Look inside the Spacer to check that it is empty and clean.
2. Shake the inhaler 4 to 5 times and then place the mouthpiece of the inhaler into the soft rubber ring at the open end of the spacer. (Some inhalers may come with a spacer attached.) Take one breath in and one breath out.
3. Place the spacer mouthpiece between the lips.
4. Press down on the inhaler canister one time to release one puff of the medicine into the spacer. Then breathe in slowly and deeply.

5. Hold your breath while you slowly count to 10.
6. Take the mouthpiece out of your mouth and breathe out slowly.
7. Wait 1 minute between puffs. Repeat steps 2 to 5 for second puff of medicine.

Procedure for Use of Metered Dose Inhaler (MDI) with a Spacer and Mask

1. Remove the caps from the inhaler and spacer. Look inside the spacer to make sure it is empty and clean. Shake the inhaler 4 to 5 times.
2. Insert the mouthpiece of the inhaler into the soft rubber ring at the end of the spacer.
3. Place the mask gently over the child's face so that the mouth and nose are covered. Be certain that there is a good seal. The child may breathe in and out comfortably while the mask is held in place.
4. Press down on the inhaler canister to release one puff of the medicine into the spacer. Keep the mask on the child's face and watch him/her take 6 breaths in and out.
5. Wait 1 minute between puffs, then shake the spacer and inhaler. Repeat steps 3 and 4 again for second puff of medicine.

Procedure for Use of The InspirEase (Spacer):

1. Connect the mouthpiece to the bag by lining up the locking tabs on the mouthpiece with the opening on the bag. Push in gently and twist to lock. Then gently open the bag to its full size.
2. Remove the medicine canister from the plastic cover. Shake the canister 4 to 5 times. Put the canister into the top of the mouthpiece.
3. Put the mouthpiece in mouth and close lips tightly around it. Press down on the canister to release the first puff of medicine into the bag.
4. Breathe in slowly and deeply. If you hear a whistling sound, you are breathing in too quickly and need to slow down. Keep breathing in until the bag collapses all the way. Hold breath while counting to 10 slowly. Then breathe out slowly into the bag. Keep the mouthpiece in mouth and then take another slow, deep breath. Hold breath while counting to 10 slowly.
5. Take the mouthpiece out of the mouth and then breathe out.
6. Wait 1 minute between puffs. Repeat steps 2 to 5 for second puff of medicine.
7. Do not wash/clean the bag. Replace the bags once a month. Clean mouthpiece as per manufacturer's instructions.